

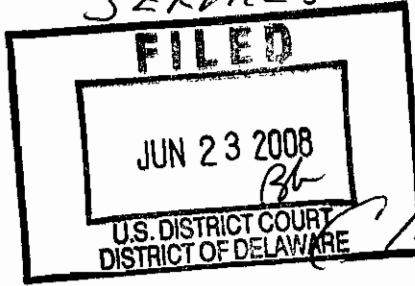
6/21/08

ANGELO L. CLARK  
 V.  
 REGIONAL MEDICAL FIRST  
 CORRECTIONAL ET AL  
 AND  
 CORRECTIONAL MEDICAL  
 SERVICES

CASE NO: 1:06-465-S.L.R.  
AFFIDAVIT: AND BRIEF: IN  
SUPPORT OF COMPENSATORY  
JUDGEMENT OF CLAIMS:

AFFIDAVIT:

Signature  
 Angelo L. Clark



CLERK OF THE COURT: HONORABLE SUE L. ROBINSON

1. Deliberate indifference to serious medical needs of prisoner constitutes, unnecessary and wanton infliction of pain proscribed by Eighth Amendment. The indifference was manifested by prison doctors and nurses, intentionally denying or delaying access to medical care or intentionally interfering with treatment. ESTELLE V. GAMBLE 975 CT 285 U.S. TEX, 1976, also deliberate indifference to my serious medical needs or illnesses or injuries that the medical vendors and the Department of Corrections caused me. Civil rights statute, U.S.C.A. CONST. AMEND 8: 42 U.S.C.A. § 1983.  
 1. Also when the med vendors for the Dept of Corrections was using means for the experiment, Ginnie pig and finally there research monkey for the med vendors and D.C., they inflicted unnecessary suffering on me by failure to treat my medical needs is and was inconsistent with contemporary standards of decency and violates my Eighth Amendment. U.S.C.A. CONST. AMEND, 8. - ESTELLE V. GAMBLE 975. CT, 285, U.S. TEX, 1976. AND E.T.L

3. White v. Napoleon, 897 F.2d 103  
C.A.3. N.J., 1990

Complaint Alleging that prison doctor intended to inflict pain on prisoners without any medical justification, and Alleging a large number of specific instances in which doctor allegedly insisted on continuing courses of treatment that doctor knew were painful, ineffective, or entailed substantial risk of serious harm to prisoners, including burning of prisoner who complained he could not feel anything in his hands, refusing to prescribe medication to reduce risk of peptic ulcer caused by other medication, and refusing hospitalization of prisoner following a heart attack, sufficed to state a violation of the Eighth Amendment and a concomitant right to relief under civil rights statute. U.S.C.A. Const Amend 8: 42 U.S.C.A. 1983.

4. Only unnecessary And wanton infliction of pain or deliberate indifference to serious medical needs of prisoners are sufficient egregious to rise to the level of a constitutional violation. U.S.C.A. Const. Amend. 8. Reducing me to an experimental monkey under the care of the medical vendors for the Department of Corrections for the state of Delaware. Also thus inflicting me with pure cruel and unusual punishment, with excessive punishment in my mind body and soul. The medications contributing to my deterioration of health; Zyprexa, side affects; brain bleeding, head aches, And Anxiety, nervous disorder. Complainant can't control the functions of his bladder. Also upon further truths supporting my claims I have to wear a diaper from sun up to sun down. Other medications reducing me to the functions of a child are trillathon, trasadone, etc. 42 U.S.C.A. § 1983; U.S.C.A. Const. Amend.

5. AFFIDAVIT AND BRIEF IN SUPPORT OF PUNITIVE AND COMPENSATORY AND MONATORY DAMAGES JUDGEMENT CLAIMS OF MY CIVIL RIGHTS 'MALPRACTICE' AGAINST: REGIONAL MEDICAL FIRST CORRECTIONAL E-T-AL.

AND  
CORRECTIONAL MEDICAL UNDER Civil violations Rules 42 U.S.C. § 19  
SERVICES,

May God Bless you and your Chamber with a Godly Manifestation of Judgementship when you decide over this Litigation. I Trust that whatever Judgement you render in my favor will be Just. For the cruel and unusual punishment and Torture that I Endured.



## EMERGENCY SERVICES AVAILABLE - 695-9145

4. Discharge Date: 5-24-04 Discharge Time: 12:15 PM

plus disorder in mind  
 ORIGINAL HOW DID I END UP WITH SO  
 you have been prescribed the following medications to be taken as listed:  
 me: MUCH TRAUMA IN MY MIND BODY & SPIRIT! MY MIND WAS RAPED.  
 Dose: 20mg bedtime  
 50mg 3 times a day  
 1mg bedtime  
 Code: 2904  
 5-pr 50mg  
 X X X X

family given: ☐ Own medication(s) ☐ Prescription(s) ☐ Medication Sample(s) ☐ Coupon(s)

## Follow-up appointments and referrals

Appt. Date/Time	Referral	Written permission to release records: <input type="checkbox"/> No <input type="checkbox"/> Yes:
	<input type="checkbox"/> Psychiatrist/ ARNP <small>Name/ Address / Phone Number</small>	
	<input type="checkbox"/> Primary Care Physician <small>Name/ Address / Phone Number</small>	
	Medication Management Clinic: <input type="checkbox"/> MHRC <input type="checkbox"/> MHCJ <input type="checkbox"/>	
	Injection Clinic: <input type="checkbox"/> MHRC <input type="checkbox"/> Univ. North <input type="checkbox"/> MHCJ	
	<input type="checkbox"/> Medical Follow-Up <input type="checkbox"/> Health Dept. <input type="checkbox"/> Lab Tests <input type="checkbox"/> Shand's Outpatient Clinic <input type="checkbox"/> Apply for Clinic Card for:	
	<input type="checkbox"/> Therapist: <input type="checkbox"/> Support Group:	
	<input checked="" type="checkbox"/> Link/Quest	
	Substance Abuse Treatment:	
	Case Management: <input type="checkbox"/> MHRC <input type="checkbox"/> MHCJ <input type="checkbox"/> NWBH <input type="checkbox"/> River Region <input type="checkbox"/> Child Guidance	
	Other:	
	Other:	

Discharged To: ☐ Home ☐ ALF / Group Home ☒ Shelter ☐ Quest/Link ☐ Hospital ☐ Other:  
 Name / Address: 1111 1111 1111

Charge Transportation: ☐ Car ☐ Taxi ☐ Bus ☐ Ambulance ☐ Other:

Nursing Staff: [Signature] Discharge Planner: N. Carl  
 Discharge Escort (MHT): [Signature] ☐ Community Resource pamphlet explained and given to patient

☐ Phone number(s) where I may be contacted for follow-up: ( ) - - or ( ) - -  
☐ I prefer to not be called ☐ I have read or had the above explained and understand my medication and discharge plans

Patient Signature: [Signature] Parent/Guardian Signature: \_\_\_\_\_

MENTAL HEALTH CENTER OF JACKSONVILLE  
 DISCHARGE INSTRUCTIONS

NAME: ANGELO CLARK  
 CID #: CID #80749

CONFIDENTIAL AND PRIVILEGED-PROFESSIONAL USE ONLY

Angelo Clark

Medication  
as of  
8/21/06

Chlase 100mg - twice a day

Valproic acid 500mg - in the morning

Valproic acid 1000mg - in the evening

Zyprexa 5mg - in the evening

← MADE BRAIN ACHE TILLIT

Geodon 40mg - twice a day

← HELPED DESTROY HEART

Cogentin 0.5mg - twice a day

← ALLERGIC TOO

To Much

Aspirin 81mg - once a day

MED'S

Atenolol 100mg - once a day

Plendil 10mg - once a day

Lopid 600mg - twice a day

HCTZ 25mg - once a day

Zantac 300mg - twice a day

Tums - 2 tabs - twice a day

Tylenol 650mg - as needed - twice a day

EXPERIMENTING  
PROCESS  
TO A RESEARCH  
MONKEY  
WHEN I WEAR A  
DIAPER CANT  
CONTROL WASTE!  
OTHER EXHIBITS  
AND DOCUMENTS

CH

**DELAWARE DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**  
**FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

ANGELO LEE CLARK

Name (Print)

12-15-55

Date of Birth

123209

SBI Number

#19 - upper - 2-cell

Housing Location

11/24/06

Date Submitted

Buz

Complaint (What type of problem are you having)?

IT SEEMS LIKE EVERY SINCE I WAS ADMITTED IN THE INFIRMARY - ON - 11/1/06 FOR CUTTING MYSELF ON - 11-2/06 - NURSE 'RN' DANYEE' AND BLOOD LADY 'STEPHANIE' - DANYEE CLEANED MY CUT AS SOON AS SHE LEFT THE PATIENT ROOM NEXT DOOR, AND STEPHANIE TOOK BLOOD FROM ME A

Engel Lu Clark

Inmate Signature

11/24/06

Date

The below area is for medical use only. Please do not write any further.

S: 11/26/06 There were any reason for you to be spanked

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_  
by a physician, the nurse

A: would refer you. Nurses are capable of making

P: assessment  
EXPERIMENTATION PROCESS  
Ginnie Pig - RESEARCH MONITOR

E: if still feel as though convicted  
medical system gave me something even if it's not  
aid, I just don't feel right! Like my old self

Provider Signature & Title

Date & Time



**RECEIVED**  
OCT 12 2006

FORM #584

**GRIEVANCE FORM**

# 9134

BY:.....

FACILITY: D.C.C.DATE: 10/8/06GRIEVANT'S NAME: ANGELO LEE CLARKSBI#: 193809 #

CASE#:

TIME OF INCIDENT: Approximately 1:00 PMHOUSING UNIT: Bldg 17# Shu-B-LOWER - #7

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I ANGELO LEE CLARK, WAS AWAKENED OUT OF MY SLEEP TO GO TO A INTERVIEW AT STAFF LT PROVACI AND LT WELCOME OFFICE, WHEN I GOT THERE I WAS TOLD BY BOTH PROVACI AND WELCOME THAT MENTAL HEALTH WANTED ME BACK IN THE SHU - FOR NO APPARENT REASON EXCEPT I WAS GETTING VERY MANIC DEPRESSIVE, AND A LITTLE SCHIZOPHRENIC WAS BEGINNING TO KICK IN BECAUSE I WASN'T BEING MEDICATED RIGHT, AND HAVE COMPLAINED TO OTHER OFFICERS AROUND THE CLOCK INCLUDING SOME OF THE NURSES, BEFORE I GOT SICK NOW MY MAIN REASON FOR FILING THIS IS WHERE'S MY WATCH! A THE REST OF COMMISSARY.

ACTION REQUESTED BY GRIEVANT:

WHERE IS THE TREATMENT AT. I WANT MY WATCH AND OTHER COMMISSARY PRODUCTS, THAT THEY TOOK FROM ME, AND WHE. DWIGHT HOLDEN (CHAIR PERSON) OF THE PAROLE BOARD. A BIT OF THIS! HE'S EVEN GOING TO SAY HOW CAN YOU PUNISH SOMEONE THAT'S SICK! YOU KNOW WHAT'S BEING SAID THAT

GRIEVANT'S SIGNATURE: Angelo Lee ClarkDATE: 10/8/06

WAS AN INFORMAL RESOLUTION ACCEPTED?

(YES)

(NO)

This is from the parole Board!  
(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)  
who basically won't even give me any relief!

GRIEVANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CRUEL AND UNUSUAL PUNISH WHEN MENTAL ANGRY

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
GRIEVANT

(How can you put him in Shu! my illness manic Depress Bipolar - Schizop)

Not Behavior, That mental Hospital Health issues.

April '97 REV

✱

✱

21815

## DELAWARE DEPARTMENT OF CORRECTIONS REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

**FACILITY:** H.R.Y.C.I. (GANDER HILL)

This request is for (circle one) MEDICAL DENTAL MENTAL HEALTH

ANGELA LEE CLARK  
Name (Print)

2-K-3  
Housing Location

12-15-55  
Date of Birth

00123209  
SBI Number

3/6/05  
Date Submitted

Complaint (What type of problem are you having)

I AM STARTING TO HAVE PAIN IN CERTAIN PARTS OF MY BODY, AND I STILL HAVENT HAD MY EYES CHECKED. WHAT DO I HAVE TO DO GET SOME OUTSIDE LEGAL HELP.

Angela Lu Clark  
Inmate Signature

3/6/05  
Date

The below area is for medical use only. Please do not write any further

Scheduled to be seen

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

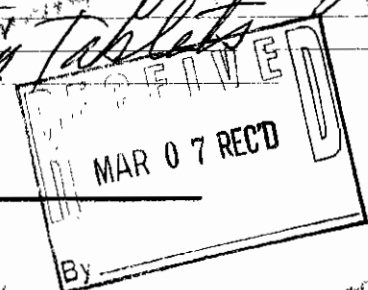
E:

This is why I believe that the Lump that I have on the back of my head has grown, and still cause me great pain and all they been for years giving me the pain is 600 Motrin Tablets or 600 Tylenol Tablets

Provider Signature and Title

Date

Time



Multi-Purpose Criminal Justice Facility  
Inter-Dept. Memo

TO: Angela Clark 2-G - 10

FROM: Sgt. M. Moody, Inmate Grievance Chair

DATE: 7-21-05

RE: MEDICAL GRIEVANCE # 05-15413

Please be advised that your medical grievance has been received in the office of the Grievance Chair. In accordance with the Inmate Grievance Procedure 4.4, it has been forwarded to the Medical Department for processing.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Medical Grievance Committee (MGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis. Thank you for your patience.

Mr. Obery!  
I've been complaining about  
my headaches along with  
the growth in the back  
of my head and trauma that  
the excessive meds have been putting  
me through



**CMS DELAWARE  
1181 PADDOCK RD  
SMYRNA, DE 19977**

**DATE: 08/18/06**

*[Handwritten signature]*

**FROM :MHU MEDICAL**

**TO: ANGELO CLARK 123204**

*[Handwritten notes: 23, 4, WHAT BLDG?]*

**RE: X-RAY**

**YOUR X-RAY THAT WAS DONE ON 08/11/06 WAS NORMAL.**

*[Handwritten signature]*

MEMO  
CORRECTIONAL MEDICAL SER

TO: Clark, Angelo SBI# 123209 shu17 BI-10

FROM: SHU/MHU MEDICAL

DATE: 6/20/06

REF: Lab Results 6/6/06

Just wanted to let you know that lab results came back normal.

A handwritten signature in black ink, appearing to read "Scott Mc".

**Correctional Medical Services**

**DATE:** 05/03/06

**FROM:** MHU MEDICAL

**TO:** ANGELO CLARK 123209 *SHU 17*

**RE:** LAB

**YOUR LAB WORK DONE ON 01/24/06 WAS NORMAL.**

*A. Clark*



# DELAWARE DEPARTMENT OF CORRECTIONS

## REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: H.R.Y.C.I.

(SANDER HILL)

This request is for (circle one) ☒ MEDICAL ☐ DENTAL MENTAL HEALTH

Angelo Lee Clark  
Name (Print)

2-B-10  
Housing Location

12-15-55  
Date of Birth

123209  
SBI Number

8/11/05  
Date Submitted

Complaint (What type of problem are you having) I KEEP HAVING AND EXPERIENCING  
HEAD PAIN, ON A EVERYDAY BASIS. AND IVE WRITTEN SEVERAL SICK  
CALL SLIP'S, I WOULD LIKE TO KNOW WHEN I WILL BE SEEN.  
I HOPE A.S.A.P THANK YOU.

Angelo Lee Clark  
Inmate Signature

8/11/05  
Date

The below area is for medical use only. Please do not write any further

Scheduled

S: \_\_\_\_\_

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

E: \_\_\_\_\_

Provider Signature and Title

Date

Time

JANE MITCHELL BUILDING  
1901 N. DUPONT HWY.  
NEWCASTLE DEL. 19720

(2) Very Important

LEGAL MAIL

The Honorable Judge Sue L. Robinson:  
(Judge - Charters!)

To The Clerk of the Court

To The Honorable Judge Sue L. Robinson:

U.S. District Court for the State of Delaware  
844 N. King Street Lock Box #78  
Wilmington Delaware

1980/1-3570

LEGAL MAIL

LEGAL MAIL